| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003                |                                       |   |                                 |                                      |              |                  |   | Application or Docket Number  10/79/264 31/16.000/0.076 |                        |                |                     |                        |
|---|---------------------------------------|---|---------------------------------|--------------------------------------|--------------|------------------|---|---|------------------------|----------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                       |   |                                 |                                      |              |                  |   | SMALL<br>TYPE   | ENTITY                 | OR             |                     | R THAN<br>. ENTITY     |
| TOTAL CLAIMS  |                                       |   | 28                              |                                      |              |                  |   | RATE  | FEE                    | <b>7</b>       |                     | <del></del>            |
| FOR .   |                                       |   | NUMBER FILED                    |                                      | NUM          | MBER EXTRA       |   | BASIC FI  |                        | )<br> <br>  OB | BASIC FE            | FEE 770.00             |
| TOTAL CHARGEABLE CLAIMS   |                                       |   | 28 m                            | 28 minus 20=                         |              | 8                |   | XS 9=   | 72                     | OR             | 1000                | <u> </u>               |
| INDEPENDENT CLAIMS  |                                       |   | 2 minus 3 =                     |                                      | 0            | 0                |   | X43=  | 112                    | 1              | V05                 |                        |
| M   | JLTIPLE DEPE                          | NDENT CLAIM F   | RESENT                          |                                      |              |                  |   | +145=   | 1                      | OR             |                     | <del> </del>           |
| * If the difference in column 1 is less than zero, enter "0" in col                   |                                       |   |                                 |                                      |              | column 2         |   | TOTAL   | <del></del>            | OR             | <u> </u>            | -                      |
| CLAIMS AS AMENDED - PART II   |                                       |   |                                 |                                      |              |                  |   |   |                        | OR             | TOTAL<br>OTHER      | THAN                   |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST                                       |                                       |   |                                 |                                      |              |                  |   | SMALL   | ENTITY                 | OR             | SMALL               | ENTITY                 |
| AMENDMENT A   |                                       | REMAINING<br>AFTER<br>AMENDMENT                                 | ·                               | NUME<br>PREVIO<br>PAID F             | BER<br>JUSLY | PRESENT<br>EXTRA |   | RATE  | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                 | . 15  | Minus                           | - 2                                  | 5            | =                |   | X\$ 9=  | 17                     | OR             | X\$18=              | ·                      |
| AME   | Independent                           | • 1   | Minus                           | ***                                  | 3            | = /              |   | X43=  | /                      | OR             | X86=                |                        |
|   | rinsi Phesi                           | NTATION OF M  | OLTIPLE DE                      | PENDENT                              | CLAIM        | _/               |   | /   | 1                      |                |                     |                        |
|   |                                       |   |                                 |                                      |              | 1                | L | +145=/  | -                      | OR             | +290=               |                        |
|   | (Column 1) (Column 2) (Column 3)      |   |                                 |                                      |              |                  | A | DDIT. FEE   |                        | OR             | ADDIT. FEE          | L                      |
|   | · · · · · · · · · · · · · · · · · · · | CLAIMS  |                                 | HIGHE                                |              | (Column 3)       | - |   |                        | 3 1            |                     |                        |
| AMENDMENT B   |                                       | REMAINING<br>AFTER<br>AMENDMENT                                 |                                 | NUMB<br>PREVIOU<br>PAID F            | USLY         | PRESENT<br>EXTRA |   | RATE  | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                 | •   | Minus                           | **                                   | •            | =                |   | X\$ 9=  |                        | OR             | X\$18=              |                        |
| AME   | Independent<br>FIRST PRESE            | *<br>NTATION OF MU  | Minus                           | PENDENT                              | ~ A114       | -                | T | X43= ·  |                        | OR             | X86≈                |                        |
| <b></b> !   |                                       | THE STATE OF THE  | DETIFIE DET                     | ENDENT                               | CLAIM        |                  |   | +145=   |                        | OR             | +290=               |                        |
|   |                                       |   |                                 |                                      |              |                  |   | TOTAL<br>DOIT, FEE                                      |                        | OR ,           | TOTAL<br>VODIT, FEE |                        |
|   | (Column 1) (Column 2) (Column 3)      |   |                                 |                                      |              |                  |   |   | •                      | •              | •                   | •                      |
| AMENDMENT C   |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                       |                                 | HIGHE<br>NUMBE<br>PREVIOL<br>PAID FO | ER<br>JSLY   | PRESENT<br>EXTRA | ſ | RATE  | ADDI-<br>TIONAL<br>FEE |                | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total                                 | •   | Minus                           | **                                   |              | 3                |   | X\$ 9=  |                        | OR             | X\$18=              |                        |
| AME .   | Independent                           | •   | Minus                           | ***                                  |              | 2                |   | X43=  |                        |                | X86=                |                        |
|   | HIRST PRESE                           | NTATION OF ML   | LTIPLE DEF                      | PENDENT (                            | CLAIM        |                  | - |   | ———                    | OR             |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                       |   |                                 |                                      |              |                  |   |   |                        | ·              |                     |                        |
|   | the "Highest Nur<br>the "Highest Nur  | nber Previously Pa<br>nber Previously Pa<br>ber Previously Paid | id For IN THI:<br>id For IN THI | S SPACE is to<br>S SPACE is t        | ess than     | 20, enter "20."  |   | TOTAL<br>DIT. FEE                                       |                        |                | DOTAL<br>DOTT. FEE  |                        |